

FEES AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-451N		
Serial No. 10/825,898	Filing Date April 15, 2004	Examiner Schwadron, Ronald B.	Group Art Unit 1644			
In Re Application of: Boyle For: Osteoprotegerin Binding Proteins and Receptors						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00) 						
<input checked="" type="checkbox"/> A RCE and Reply/Amendment in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <ul style="list-style-type: none"> <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: 						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	Minus		=	0	x \$52	= \$ 0.00
Indep. Claims	Minus		=	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$390 = \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
<ul style="list-style-type: none"> ** If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ 						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$1110.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: 21069						
U.S. Patent Operations/RBW Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA						
 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: March 17, 2010						

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date appearing below.

March 17, 2010

Date


 Signature